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<b>SERIAL NUMBER</b> 10/790,540	<b>FILING OR 371(c) DATE</b> 03/01/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> HRT-0256C2
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/339,434 01/09/2003 PAT 7,112,211  
 which is a CON of 10/177,371 06/20/2002 PAT 6,699,257  
 which is a CON of 09/756,355 01/08/2001 PAT 6,443,965  
 which is a CON of 09/315,365 05/18/1999 PAT 6,171,321  
 which is a CON of 09/166,338 10/05/1998 PAT 5,904,697  
 which is a DIV of 08/789,327 01/23/1997 PAT 5,817,113  
 which is a DIV of 08/394,333 02/24/1995 PAT 5,695,504

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/19/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 65	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

27777

**TITLE**

A DEVICE FOR ENGAGING TISSUE HAVING A PREEXISTING OPENING

<b>FILING FEE RECEIVED</b> 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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